

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09924944 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7	/						57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13	/						63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18	/						68					
19		/					69					
20		/					70					
21		/					71					
22		/					72					
23	/						73					
24		/					74					
25		/					75					
26	/						76					
27		/					77					
28		/					78					
29		/					79					
30		/					80					
31		/					81					
32		/					82					
33		/					83					
34		/					84					
35		/					85					
36		/					86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45	/						95					
46	/						96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8	↓		↓		↓	TOTAL IND.		↓		↓	
TOTAL DEP.	38	↓		↓		↓	TOTAL DEP.		↓		↓	
TOTAL CLAIMS	46						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS